

LETTER OF DEPENDENCY REQUEST FORM

WORK PHONE:

HOME PHONE:

PLEASE READ CAREFULLY AND PROVIDE ALL THE REQUIRED INFORMATION:

TO:

(RECEIVER: I.E. US EMBASSY TOKYO, JAPAN; NAVY FEDERAL, ETC.)

1. PLEASE WRITE COMPLETE NAME(S) AND RELATIONSHIP (EXAMPLE: WIFE, HUSBAND, SON, DAUGHTER, ETC.) OF YOUR FAMILY MEMBER(S) BELOW.

FULL NAME(S): (FIRST, MIDDLE, LAST ETC.)


2. SPONSOR'S INFORMATION:

RATE/NAME: \_\_\_\_\_

SSN: \_\_\_\_\_

COMMAND: \_\_\_\_\_

CURRENT PROJECTED ROTATION DATE (PRD): \_\_\_\_\_

3. RESIDENCE OF FAMILY MEMBER(S):

(AREA: I.E. YOKOSUKA, YOKOTA, MANILA, CALIFORNIA, ETC.)

4. DOES THE FAMILY MEMBER(S) DEPEND UPON SPONSOR FOR MORE THAN 50% OF HIS/HER SUPPORT? YES NO (CIRCLE ONE)

5. IS/ARE FAMILY MEMBER(S) COMMAND SPONSORED UNDER THE STATUS OF FORCES AGREEMENT? YES NO (CIRCLE ONE)

6. I CERTIFY THAT THE INFORMATION PROVIDED ON THIS FORM IS ACCURATE AND TRUE TO THE BEST OF MY KNOWLEDGE.

\_\_\_\_\_  
SPONSOR'S SIGNATURE

\_\_\_\_\_  
DATE